

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/743876** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
							TOTAL						
							IND.						
							DEP.						
							TOTAL						
							CLAIMS						

\* MARKED FOR ADDITIONAL CLAIMS OR AMENDMENTS